

EDUCATION PROGRAM LETTER OF PROPOSAL

This form is intended for Non-Physician Organizations. Non-Physician Organizations must enter into co-development relationship with the CCS and must submit this form before initial program planning begins.

If you are a Physician Organization ([definition of Physician Organization](#)) please complete the Physician Organization Education Program Letter of Proposal. For a copy please contact CPD@ccs.ca

The Canadian Cardiovascular Society (CCS) strives to meet the highest standards in continuing professional development for cardiovascular professionals in Canada. As a long-standing recognized accredited provider of Royal College of Physician and Surgeons of Canada, it is the CCS's responsibility to ensure that these standards are adhered and reflected throughout all of our accredited CPD activities.

TYPES OF EDUCATION PROGRAMS

Group Learning Activities are an important development activity for physicians and provides an opportunity to confirm or expand areas of knowledge or practice management, to identify potential new therapies or approaches for practice, and to share practice issues or experiences with peers.

Self-Assessment Programs are tools that enable physicians to assess aspects of their knowledge or practice and to identify opportunities to enhance their competence through further learning activities.

Simulation-based Activities approximate real-life situations, allowing participants to demonstrate (and receive feedback on) their application of knowledge (scientific and tacit), clinical reasoning, communication and problem-solving, as well as their ability to collaborate and work effectively in a health care team.

PROCESS

1. Submit completed Education Program Letter of Proposal to cpd@ccs.ca.
2. The CCS Continuing Professional Development Committee will review the Education Program Letter of Proposal to determine if the activity aligns with the CCS Quality CPD Checklist for Educational Activities and the Royal College Standards for Accreditation. Review will be completed within 7 – 10 days.
3. If there are questions or concerns, CCS will follow up with the submitter for clarification and discussion. If the questions or concerns cannot be resolved, the program may not be accepted for co-development with the CCS.
4. If the Education Program Letter of Proposal is accepted for co-development, CCS will contact the submitter to discuss next steps.

EDUCATION PROGRAM LETTER OF PROPOSAL

What type of MOC credits will best suit this Proposed Education Program?

Section 1 Group Learning

Section 3 Self-Assessment

Section 3 Simulation

Title of the educational activity:

Click or tap here to enter text.

Suggested names for Chair of the Planning Committee:

Name	Email address	Phone
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

List all potential sponsors who could support this educational activity through financial and in-kind support:

Click or tap here to enter text.

Is there a preferred medical education firm for the development of this educational program?

No Yes. If so, please list the name of the company: Click or tap here to enter text.

Contact Name	Email	Phone
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Program Details:

Who comprises the target audience for this activity? Indicate specific specialties, and if applicable, other allied health professionals for whom the educational activity is intended. Each member of the target audience must be represented on the Planning Committee.

Click or tap here to enter text.

Please enter below the suggested names for the planning committee members:

Name	Specialty	Email
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Please attach a draft budget for the proposed program (see template). Indicate the proposed honoraria amounts for the following recipients:

Planning Committee Chair	\$Click or tap here to enter text.
Planning Committee Members	\$Click or tap here to enter text.
Presenters	\$Click or tap here to enter text.

Please list all commercial drug(s) or product(s) that may be discussed in this educational activity:

Click or tap here to enter text.

Please provide a brief description of the educational activity:

Click or tap here to enter text.

Please provide a brief describe of the educational needs that the activity addresses (attach a copy of the preliminary needs assessment):

Click or tap here to enter text.

I Click or tap here to enter text. as an authorized person of the _____
Print Name Organization Name
declare that the information provided in this letter of proposal is true and complete.

Signature

Date